

APPLICANT EXIT BRIEFING

PA ID#: _____

APPLICANT NAME: _____

KICKOFF MEETING DATE: _____

Note the number of small and large project worksheets written for each category and the total number of PWs by category. If there is no damage in a category, mark "N/A". This document is to be signed by the Public Assistance Coordinator, State Applicant Liaison and the Applicant's Authorized Representative as shown on the RPA. Turn in the original with the last PW package to the Resource Coordinator.

COMPLETED CATEGORIES	SMALL PROJECTS	LARGE PROJECTS	TOTAL NUMBER OF PWs
Category A: Debris Clearance			
Category B: Protective Measures			
Category C: Road Systems			
Category D: Water Control Facilities			
Category E: Building & Contents			
Category F: Public Utility System			
Category G: Other (Recreational)			
Total Number of Project Worksheets			

At this time damage surveys in all categories of work are completed and all Project Worksheets are written. Exceptions are listed in the common section below. Examples of exceptions are sites under water, or Category 'A' or 'B' records being compiled for completed work.

If additional damage is found, the applicant must notify FEMA in writing by this date: _____

Public Assistance Coordinator: _____ Date: _____

State Applicant Liaison: _____ Date: _____

I hereby certify that to the best of my knowledge and belief all work claimed is eligible in accordance with the grant conditions. All work will comply with the provisions of the Clean Water Act, Clean Air Act, Fish and Wildlife Coordination Act, Endangered Species Act, National Historic Preservation Act, related Federal Statutes, associated State, Tribal, and Local Laws, Codes, Ordinances, and Other Statutes.

Complete records and cost documents for all approved work will be maintained for at least three (3) years from the date the last project was completed or on receipt of final payment, whichever is later.

Applicants have the right to appeal a decision. The appeal must be submitted within 60 days from receipt of the determination by FEMA or the State. All questions should be addressed to the State Emergency Management Office.

Applicant Representative: _____ Date: _____

Comments: _____